

PPM 600

FISCAL ACCOUNTABILITY

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GENERAL POLICIES

600.01 AUTHORITY TO AUTHORIZE AND SPEND VR PROGRAM FUNDS

All decisions pertaining to the authorization and expenditure of Vocational Rehabilitation Program funds for goods and services provided must be made by a qualified Vocational Rehabilitation Counselor or by another

professional employed by the state Vocational Rehabilitation Program, and cannot be delegated to any other individual or agency.

600.02 PROGRAM RESPONSIBILITIES

The Vocational Rehabilitation Counselor and any other professional employed by the state Vocational Rehabilitation Program having decision-making authority with respect to the provision of goods and services to any individual must assure that all goods and services authorized and provided with Vocational Rehabilitation Program funds are provided in a fiscally accountable and cost-efficient manner which meets the vocational rehabilitation needs of the individual at the least cost for the program.

[REQUIRED PRACTICE. The least cost for the program must be determined by the Vocational Rehabilitation Counselor in accordance with the provisions described in this chapter, including assuring that all goods and services are provided only: (1) with the full and prior knowledge, approval, and authorization of the assigned Counselor or another qualified professional employed by the state Vocational Rehabilitation Program; (2) subsequent to a determination that they are vocationally relevant and necessary; (3) in accordance with an approved plan of services, if applicable; (4) with the maximum possible use of available comparable services and benefits, including, but not limited to, student financial aid for postsecondary training; and (5) in accordance with all program requirements pertaining to price quotes, fee schedules, purchase of service and other agreements, and in-state and local community service, financial participation, and authorization and payment policies and procedures.]

600.03 INDIVIDUAL RESPONSIBILITIES

If two or more available services would meet the vocational rehabilitation needs of the individual, the least costly service establishes the maximum cost that will be paid or reimbursed by the state Vocational Rehabilitation Program. Where the least cost has been established by the program but the individual makes an informed choice to secure the goods or services at a greater cost, responsibility for the difference in cost is that of the individual and the individual's family, if applicable, and the more costly choice can be approved only if the individual or the individual's family agrees to pay for, makes arrangements to pay for, and pays all additional costs. The responsibility of the individual and family for additional costs extends to all aspects of goods and services selection **and any additional services made necessary**, including any additional costs incurred as a result of the individual's choice of:

- (1) product or service brand, make, or model;
- (2) style, options, or features;
- (3) (in some instances) new versus used;
- (4) the service provider, product supplier, or source, **or its location**;
- (5) method of service provision or procurement; and
- (6) any other applicable aspects of the goods and services and their procurement, provision, and delivery, where costs are incurred which exceed the least costly available goods and services.

[REQUIRED PRACTICE. All costs incurred by the individual pursuant to this section must be met by the individual or the family of the individual in addition to any other financial participation requirement, if any, that may also apply. (For example, if the individual's financial participation is required by policy, the cost to the individual and the family of the individual will be the financial participation required, computed on the least cost, plus any additional costs arising from the choice of goods or services other than those of the least cost to the program.) If an individual's personal preference is for a more costly service than the least costly available service that meets his or her vocational rehabilitation needs, the Vocational Rehabilitation Counselor must assure that the individual understands the limit of program assistance and his or her responsibility (or, if applicable, the responsibility of his or her family) for costs exceeding the amount of program assistance allowed.]

SPECIFIC FISCAL REQUIREMENTS

600.04 VOCATIONAL RELEVANCE AND NECESSITY

(1) No goods or services may be provided with program funds unless they are determined by the Vocational Rehabilitation Counselor or another professional employed by the state Vocational Rehabilitation Program to be vocationally relevant and necessary. Vocational relevance and necessity is demonstrated if the service:

(A) is required (i.e., essential)—

(1) to complete an assessment for determining eligibility and priority for services (including trial work experiences or an extended

evaluation provided in accordance with trial work experiences or an extended evaluation, as applicable), or

(2) to complete a comprehensive assessment of vocational rehabilitation needs and develop an Individualized Plan for Employment (IPE), or

(3) for the individual to prepare for, enter or reenter, perform, or maintain an employment outcome specified in an Individualized Plan for Employment (IPE); and

(B) will contribute substantially to the achievement of the planned employment outcome identified in the IPE.

(2) All goods or services determined not to be vocationally relevant and necessary **by the Vocational Rehabilitation Counselor or other program authority** must be secured by the individual or the family of the individual at their expense.

[REQUIRED PRACTICE. The Vocational Rehabilitation Counselor must assure that the individual understands that the state Vocational Rehabilitation Program is an employment program, and that the goods and services provided with program funds are limited to those which are required for program participation and the achievement of an identified employment outcome. Service needs that are not specifically relevant and necessary, or which will not contribute substantially to the individual's Vocational Rehabilitation Program participation and preparation for, entry or reentry into, or retention of an agreed-upon employment outcome cannot be provided with Vocational Rehabilitation Program funds.]

600.05 CONSISTENCY WITH APPROVED PLANS

If the individual is an applicant receiving services under a written trial work experiences or extended evaluation plan, or is an eligible individual receiving services under an Individualized Plan for Employment (IPE) or IPE amendment (including a post-employment services plan, if appropriate), all goods and services must be provided in accordance with the applicable plan in all respects, including any conditions or limitations specified by the plan.

600.06 FULL AND PRIOR KNOWLEDGE, APPROVAL, AND AUTHORIZATION

Goods and services can be provided with Vocational Rehabilitation Program funds only with the full and prior knowledge, approval, and authorization of the Vocational Rehabilitation Counselor or another professional employed by the state Vocational Rehabilitation Program. The fiscal accountability obligations described in this chapter cannot be satisfied unless services are planned in advance of their provision and the Counselor is involved in the planning process in a manner consistent with:

- (1) the authority of the program for all decisions regarding service provision and the allocation and expenditure of program funds for goods and services provided, as described in section 600.01 of this chapter; and
- (2) the obligation of program staff to make goods and services provision decisions in accordance with approved plans and applicable policies and practices described in this chapter.

[REQUIRED PRACTICE. In accordance with the requirements of this section, services arranged for and obtained by an individual without the full and prior knowledge, approval, and authorization of the Vocational Rehabilitation Counselor or another qualified professional employed by the state Vocational Rehabilitation Program cannot be paid for or reimbursed by the program.]

600.07 COMPARABLE SERVICES AND BENEFITS**(1) GENERAL REQUIREMENTS**

Except as provided in paragraph (2) of this section, the Vocational Rehabilitation Counselor is required to ensure prior to the expenditure of Vocational Rehabilitation Program funds for any goods or services provided to any eligible individual, that:

- (A) a determination is first made regarding whether comparable services and benefits exist under any other program and whether those services and benefits are available to the individual to provide or pay for the goods or services, in whole or in part;

(B) such comparable services or benefits as are determined to exist and to be available to the individual at the time needed to ensure the progress of the individual toward achieving the employment outcome identified in his or her IPE are utilized to meet the costs of service provision to the fullest extent possible, in whole or in part;

(C) if comparable services or benefits exist under any other program but are not available to the individual at the time needed to ensure the progress of the individual toward achieving the employment outcome identified in his or her IPE, the services needed are provided with program funds only until the comparable services and benefits become available to the individual; and

(D) if the individual refuses to apply for, accept, or utilize any comparable services and benefits which exist and are available, Vocational Rehabilitation Program funds will not be utilized to procure the service, unless the individual or the individual's family first agrees to pay for, makes arrangements to pay for, and pays that portion of the cost of goods and services that would have been met by all comparable services and benefits source or sources identified.

[REQUIRED PRACTICE. With respect to paragraph (1) of this section, the individual is required to make timely application to all other appropriate programs and agencies from which comparable services and benefits may be obtained. Once eligibility has been determined by the comparable services and benefits program or agency, the comparable services and benefits available through the other program or agency must be applied to the provision or purchase of all covered goods and services, unless the individual has arranged to fund that portion of cost that would be met by the comparable services and benefits source. All costs incurred pursuant to paragraph (1)(D) of this section must be met by the individual or the family of the individual in addition to any other financial participation requirement, if any, that may also apply. The state Vocational Rehabilitation Program has no statutory authority to set aside the comparable services and benefits requirement for any program participant, or to pay for any goods or services in lieu of available comparable services and benefits resources. The Vocational Rehabilitation Counselor must assure that the individual understands the comparable services and benefits requirement of the program, the limit of program assistance, and the individual's responsibility (or, if applicable, the responsibility of his or her family) for costs incurred by failure to apply for, accept, and utilize available comparable service and benefit resources, including denial of program funding for requested goods or services.

If a public program is obligated or responsible to provide or pay for any services and benefits, it must fulfill that obligation or responsibility in accordance with the terms of an interagency agreement between it and the state Vocational Rehabilitation

Program, by contract, or through other arrangements. If the program fails to provide or pay for such services and benefits, the Vocational Rehabilitation Program must provide the appropriate and necessary goods and services, and may claim reimbursement for the costs of such goods and services from the program that failed to provide or pay for them. The other program must reimburse the Vocational Rehabilitation Program pursuant to the terms of the applicable interagency agreement, contract, or other mechanism made available for reimbursement.]

(2) EXCEPTIONS

A determination regarding the availability of comparable services and benefits and the use thereof as described in paragraph (1) of this section are not required:

(A) for the provision of—

(1) any service required to conduct and complete an assessment for determining eligibility and priority for services or a comprehensive assessment of vocational rehabilitation needs,

(2) Vocational Rehabilitation Program counseling and guidance, including the provision of information and support services needed to assist an individual in exercising informed choice,

(3) any service required for the individual to seek a review of any determination through the mediation or appeals process,

(4) information and referral services necessary to secure needed services from other programs and agencies, including, but not limited to, other components of the statewide workforce investment system, if those services are not available from the state Vocational Rehabilitation Program,

(5) assistive technology devices or services, including telecommunications, sensory, and other technological aids and devices,

(6) job-specific services, including job search and placement assistance, job retention services, and follow-up and follow-along services (including supported employment services), or

(7) any post-employment services consisting of the services listed under paragraphs (2)(A)(1) through (6) of this section; or

(B) if such determination and use would significantly interrupt or delay—

(1) the progress of the individual toward achieving the employment outcome identified in his or her IPE,

(2) the immediate placement of the individual into an appropriate employment outcome, or

(3) the provision of necessary medical services to any individual who is determined (based on medical evidence provided by a licensed physician) to be at extreme medical risk.

[REQUIRED PRACTICE. Nothing in paragraph (2) of this section is to be construed to prohibit the use of any comparable service or benefit that is immediately available to the individual, and would result in the provision of the service in a timely and cost-efficient manner.

For purposes of paragraph (2)(B)(1) of this section, a significant interruption or delay of an individual's progress toward achieving his or her planned employment outcome is not present—and the exception permitted to the use of comparable services and benefits that is otherwise required cannot be made—unless the process of identifying, applying for, and being determined eligible for the comparable services and benefits would delay the achievement of the individual's employment outcome significantly beyond the anticipated achievement date identified in his or her IPE.

With regard to paragraph (2)(B)(2) of this section, an interruption or significant delay of an individual's job placement is not present—and the exception permitted to the use of comparable services and benefits that is otherwise required cannot be made—unless the process of identifying, applying for, and being determined eligible for the comparable services or benefits would result in the loss for the individual of a job offer that is consistent with his or her vocational strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice where such a job offer has actually been made.

For purposes of paragraph (2)(B)(3) of this section, a determination that an individual is in "extreme medical risk" requires a statement made by a licensed physician that the individual is presently at risk of death or increased impairment if planned services are not provided expeditiously. A determination that a physical or mental impairment may, will probably, or even is certain to lead at a later date to a risk of death or increased impairment is not sufficient for this purpose if the specified risk is not currently present. (For example, an individual with morbid obesity and attendant hypertension, but with no presently life-threatening or associated debilitating conditions would not be in extreme medical risk.) It is also to be noted that the exception provided

for individuals at extreme medical risk permits only the immediate provision of planned services, and does not constitute a rationale to provide for emergency, acute care, life saving, or other measures which are specifically prohibited by program policy and practice or which would not otherwise be provided to the individual by the VR Program.]

600.08 STUDENT FINANCIAL AID

No postsecondary training or related services at any institution of higher education can be paid for or reimbursed with Vocational Rehabilitation Program funds unless maximum efforts have first been made by the Vocational Rehabilitation Counselor and the individual to secure and maintain all available grant assistance from other sources to pay for the training, in whole or in part, including all available federal, state, and institutional (campus-based) student financial aid grants for which the individual may be eligible. Consequently, if the individual fails to apply for, or refuses, any available grant assistance for which they are eligible, Vocational Rehabilitation Program funding cannot be authorized for any portion of the cost of attendance (tuition and fees, room and board, books and supplies, transportation, and personal expenses) associated with the individual's postsecondary training efforts. Vocational Rehabilitation Program assistance for the cost of postsecondary training is limited to the unmet need computed in accordance with federal Education Department regulations.

[REQUIRED PRACTICE. A student's unmet need is the cost of attendance (including tuition and fees, room and board, books and supplies, transportation, and miscellaneous personal expenses) less the expected family contribution and all grant assistance for which the individual qualifies, and is computed by the applicable financial aid office of the training institution attended. The Vocational Rehabilitation Counselor has no authority to substitute program funds in lieu of either the expected family contribution or grant assistance for which the individual qualifies, or to disregard the unmet need amount computed by the financial aid office of the training institution attended. The financial aid requirements are discussed in greater detail as they apply to postsecondary training in PPM chapter 530.]

600.09 PRICE QUOTES

(1) GENERAL REQUIREMENTS

(A) Except as permitted under paragraph (2) of this section, the Vocational Rehabilitation Counselor is also required to secure at least two written price quotes prior to authorization:

(1) for all goods to be purchased with vocational rehabilitation funds that will have a cost of more than \$600.00;

(2) for certain services the cost of which exceeds \$600.00, as required by program policy and practice specific to the particular service; and

(3) if required to determine the amount of financial obligation of the individual or family in the provision of services, consistent with section 600.03.

*[REQUIRED PRACTICE. For purposes of paragraph (1)(A) of this section, the required price quotes are not "bids," since the process is not open to all potential providers or governed by the mechanisms required by the bidding procedures of the Indiana Department of Administration. Written price quotes per this section are any authoritative written statements of cost and may consist of published catalogues or price lists, or individually solicited quotes. Any published catalogue or price list used for this purpose must be the most current available publication. Individually solicited quotes must be secured from an individual with the authority to commit the provider to the price quoted, and must be signed **by that individual**. All price quotes, whether obtained from published catalogues or price lists or by direct solicitation, must be obtained from different providers (i.e., different companies not owned or operated by the same individual or individuals) and must be for the same goods and services, in order to assure competitiveness and the receipt of valid and comparable quotes.]*

(B) If price quotes are required in accordance with paragraph (1)(A) of this section, at least two quotes must be obtained, unless program policy and practice specific to the particular type of goods or services requires otherwise.

(C) The lowest valid quote obtained establishes both the service provider to be utilized, as well as the maximum amount of Vocational Rehabilitation Program cost participation in the provision of the service quoted, unless the individual or the individual's family first agrees to pay for, makes arrangements to pay for, and pays that portion of the cost of goods and services exceeding the quoted amount that result from the individual's selection of a different service or service provider.

(D) Once a service provider has rendered a price quote, a second, amended quote cannot be accepted **from the same provider**.

[REQUIRED PRACTICE. The Vocational Rehabilitation Counselor has no authority to forego securing required price quotes, except as permitted per paragraph (2) of this section, following. In each case, the cost considered when determining whether the cost of goods or services is greater than \$600.00 is the full cost of a complete piece of equipment and all of its component parts, or the complete set of related items. (The Counselor is not permitted to purchase a complete set of occupational tools one item at a time or a personal computer as separate components for the express purpose of circumventing the price quote requirement.)

Unless the quotes are requested for the purpose of determining the amount of financial obligation of the individual or family pursuant to section 600.03 of this chapter, the Vocational Rehabilitation Counselor must assure that the quotes requested and received are for exactly the same, or strictly comparable, goods and services, in order to assure a true price comparison, since the individual and the Vocational Rehabilitation Counselor may need to obtain comparative price quotes in order to identify the least costly service or service provider and/or to establish that portion of the cost which is the obligation of the individual or the individual's family, in accordance with the requirements of this chapter.

All costs incurred by the individual pursuant to section 600.03 of this chapter must be met by the individual or the family of the individual in addition to any other financial participation requirement, if any, that may also apply. If an individual's personal preference is for a more costly service, service provider, or method of service provision, the Vocational Rehabilitation Counselor must assure that the individual understands the limit of program assistance and the responsibility of the individual or, if applicable, the individual's family for costs exceeding the amount of program assistance allowed.]

(2) EXCEPTIONS

The Counselor is not required to obtain price quotes if:

(A) only one provider is available from whom the goods can be purchased and the limitation of the purchase to a sole source is clearly documented in the record of services for the individual; or

(B) the entire cost of the goods will be met by comparable services and benefits, or by the individual or family of the individual as a consequence of the financial participation requirement.

600.10 APPROVED FEE SCHEDULES

(1) The state Vocational Rehabilitation Program has established fee schedules with regard to some services. The purpose of the fee schedules is to ensure a reasonable cost to the program for the covered services.

Unless an exception is permitted under paragraph (3) of this section, the Vocational Rehabilitation Counselor is required to secure all affected goods and services with program funds at or below the specified fee schedule rates in all instances.

(2) If a service is available at or below the program fee schedule rate but the individual's selection of a specific service or a particular service provider or method of service provision results in a cost greater than the stated fee, the individual or the individual's family must agree to pay for, make arrangements to pay for, and pay that portion of the cost of goods and services exceeding the fee schedule amount.

[REQUIRED PRACTICE. All costs incurred by the individual pursuant to paragraph (2) of this section must be met by the individual or the family of the individual in addition to any other financial participation requirement, if any, that may also apply. If an individual's personal preference is for a more costly service, service provider, or method of service provision, the Vocational Rehabilitation Counselor must assure that the individual understands the limit of program assistance and his or her responsibility (or, if applicable, the responsibility of his or her family) for costs exceeding the amount of program assistance allowed.]

(3) In applying program policy and practice, including, but not limited to, the fee schedule requirements described in paragraph (1) of this section, the state Vocational Rehabilitation Program is not permitted to:

(A) categorically prohibit the provision of out-of-state services;

(B) establish or maintain a fee schedule amount that is so low as to effectively deny a relevant and necessary service to an applicant or eligible individual; or

(C) place absolute limits on the amount, duration, or cost of any relevant and necessary service without provision for exceptions necessary to meet the individualized vocational rehabilitation needs of program participants, except to the extent that such services are so limited by the Act, implementing regulations, or federal directives, as amended.

(4) Amounts paid or reimbursed which exceed the amount of the specified fee for a service must be justified in writing by the Vocational Rehabilitation Counselor in the record of services for the individual as being

the cost charged by the lowest-cost service provider appropriate and available to the individual for the applicable service.

600.11 PURCHASE OF SERVICE AND OTHER AGREEMENTS

The state Vocational Rehabilitation Program is required to obtain goods and services in accordance with the rates and other terms specified by any applicable purchase of services agreement (POSA) or other written service provision agreement.

[REQUIRED PRACTICE. Since a POSA or other written service provision agreement duly entered into between the state Vocational Rehabilitation Program and other entities is essentially an agreement to provide specified services for program participants at specified costs, all such agreements are binding on program staff and affected service providers unless and until amended, and program staff have no individual authority to disregard the rates and provisions of any such agreement.]

600.12 IN-STATE SERVICE PREFERENCE

(1) Services available in Indiana from in-state service providers are preferred over services obtained out-of-state. Except as indicated in paragraph (2) of this section, out-of-state services may be utilized but, if the individual chooses an out-of-state service at a higher cost than a comparable in-state service and either service would meet the individual's vocational rehabilitation needs, the Vocational Rehabilitation Program is not responsible for those costs in excess of the cost of the in-state service, including, but not limited to:

(A) any difference in the cost of the service itself; and

(B) any additional related costs incurred for the use of an out-of-state provider (e.g., additional transportation, attendant care, and other similar costs).

(2) The requirements described in paragraph (1) of this section do not apply to:

(A) any vocationally relevant and necessary services that are not available in state and can only be obtained from an out-of-state provider;

(B) services available from an out-of-state provider **located within the individual's local community** at a cost which is lower than the same or comparable services available from in-state providers when all related costs of service provision are considered (e.g., transportation, attendant care, and other similar costs); or

*[REQUIRED PRACTICE. If an individual resides near a state line **and the individual's local community (as defined in PPM chapter 200) includes a portion of another state**, it might be more cost-efficient, for example, to send him or her the shorter distance across the state line for goods and services than to a comparable provider in Indiana but at a greater distance.]*

(C) where there is an established and ongoing therapeutic relationship between the individual and a particular out-of-state service provider, and the existing provider is able to provide a more cost-effective service or is likely to provide more pertinent information.

[REQUIRED PRACTICE. An out-of-state physician, for example, who is already familiar with the individual and has a working knowledge of his or her condition may be able to provide effective therapeutic treatment without another diagnosis, a new evaluation, and additional lab work, or may be able to give more comprehensive information to the Counselor regarding the vocational aspects of the individual's condition.]

(3) All out-of-state service providers for whom Vocational Rehabilitation Program funds are authorized:

(A) must meet all applicable program service provider standards; and

(B) are required to provide the same written reports and other documentation required of in-state providers.

(4) The choice of an out-of-state provider does not negate the required use of comparable services and benefits or other fiscal accountability requirements.

600.13 LOCAL COMMUNITY SERVICE PREFERENCE

(1) Except as described in paragraph (2) of this section, services and service providers available within the individual's local community are preferred over services and service providers available out-of-area.

Service providers outside of the individual's local community may also be utilized but, if the individual chooses to receive services outside of his or her own local community at a higher cost than a comparable service available within the community and either service would meet the individual's vocational rehabilitation needs, the Vocational Rehabilitation Program is not responsible for those costs in excess of the cost of the local service, including, but not limited to:

(A) any difference in cost for the service itself; and

(B) any additional related costs incurred for the use of an out-of-area service (e.g., additional transportation, attendant, and other similar costs).

[REQUIRED PRACTICE. The local community preference for services and service providers described in paragraph (1) of this section extends to all VR services, including, but not limited to, physical and mental restoration services and medical and mental health providers and postsecondary training programs and institutions.]

(2) The requirements described in paragraph (1) of this section do not apply:

(A) to vocationally relevant and necessary services that are unavailable locally and can only be obtained from an out-of-area provider;

(B) to services available from an out-of-area provider at a cost which is lower than the same or comparable services available from in-area providers when all related costs of service provision are considered (e.g., transportation, attendant care, and other similar costs);

(C) where there is an established and ongoing therapeutic relationship between the individual and a particular out-of-area service provider, and the existing provider is able to provide a more cost-effective service or is likely to provide more comprehensive information; or

(D) to required physical and mental restoration services for any individual who is at extreme medical risk, as defined in PPM chapter 200, where physical or mental restoration services are more immediately available outside the local community.

[REQUIRED PRACTICE. The term "local community" is defined for purposes of this section in PPM chapter 200. The local community may in some cases include a portion of another state, in which case that portion of the other state which lies within 50 travel miles of the individual's place of residence is considered to be "in area." Services provided more than 50 travel miles distant from the individual's place of residence by road, as calculated in accordance with the definition in PPM chapter 200, are outside the local community or "out of area."]

600.14 FINANCIAL PARTICIPATION

Each eligible individual and, if applicable, the family of each eligible individual may be required to participate financially in meeting a portion of the cost of vocational rehabilitation services received, in accordance with PPM chapter 610.

600.15 AUTHORIZATION AND PAYMENT REQUIREMENTS

(1) A written authorization must be generated by the Vocational Rehabilitation Counselor and must be furnished to the service provider or claimant prior to or concurrently with service provision for all approved services purchased or reimbursed with program funds.

(2) No oral authorization, including any orally approved supplemental authorization, is permitted.

(3) Each authorization generated, including all copies thereof, must be signed by the individual's assigned Vocational Rehabilitation Counselor or, in an emergency situation in which the assigned Counselor is unavailable, by an alternate individual employed by the state Vocational Rehabilitation Program who is authorized to sign in lieu of the assigned Counselor.

(4) In order to voucher for the payment of amounts authorized for goods and services purchased with vocational rehabilitation funds directly from a service provider or reimbursed to a program participant for the cost of goods provided or services rendered, the Vocational Rehabilitation Counselor must be in receipt of:

(A) (1) an unpaid dated and itemized billing submitted by the service provider or claimant, or

(2) a dated and itemized personal claim signed by the individual and submitted for reimbursement, accompanied by a paid dated and itemized receipt; and

(B) in the case of goods costing \$50.00 or more, a receipt of goods form signed by the Vocational Rehabilitation Program participant.

(5) Each voucher generated, including all copies thereof, must be signed by the individual's assigned Vocational Rehabilitation Counselor and the Area Supervisor (or, in an emergency situation in which the assigned Counselor is unavailable, by an alternate individual employed by the state Vocational Rehabilitation Program who is authorized to sign in lieu of the assigned Counselor).

[REQUIRED PRACTICE. Only Vocational Rehabilitation Counselors, Area Supervisors, and Region Managers can authorize and voucher for goods and services. No authorizations or claims can be approved or signed by any clerical staff.

*Vocational Rehabilitation Counselors. Each Vocational Rehabilitation Counselor can sign authorizations and claims for his or her own caseload. In the event that a Counselor is unavailable to meet emergency authorization and vouchering needs, another Counselor may sign using the format: **Signature of signing Counselor for caseload number (e.g., "Jane Doe for #999")**. Any authorization exceeding the established IRIS edit limits requires the approval and second signature of an Area Supervisor or Region Manager. All Claim-Vouchers must bear the second signature of an Area Supervisor, Region Manager, or Central Support Services designee. (NOTE: Copies of all claims retained in the record of services must bear all required signatures, as noted; therefore, case file copies cannot be made until originals are signed by all required parties. It is the responsibility of Region Managers or Central Support Services designees to provide copies of originals to the originating Area Office.)*

*Area Supervisors. Authorizations exceeding established IRIS edit limits require the approval and second signature of an Area Supervisor or Region Manager. If an Area Supervisor is performing case management duties due to a vacant caseload or other reason, the Area Supervisor must sign in lieu of a Vocational Rehabilitation Counselor using the format: **Signature of signing supervisor for caseload number (e.g., "Jane Doe for #999")**. In the event that an Area Supervisor is performing case management duties due to a vacant caseload or other reason, any authorization exceeding the established IRIS edit limits requires the approval and second signature of another Area Supervisor within the same region, a Region Manager, or a Central Support Services designee. All Claim-Vouchers, including all claims in the record of services, must have a second signature by an Area Supervisor, Region Manager, or Central Support Services designee. In the event that an Area Supervisor is performing case management duties due to a vacant caseload or other reason, the claim requires the signature of another Area Supervisor, a Region Manager, or a Central Support Services designee. (NOTE: Copies of all claims retained in the record of services must*

bear all required signatures, as noted; therefore, case file copies cannot be made until originals are signed by all required parties. It is the responsibility of Region Managers or Central Support Services designees to provide copies of originals to the originating Area Office.)

*Region Managers and Central Support Services Designees. A Region Manager or Central Support Services designee may approve and sign any authorization under established IRIS edit limits on his or her own authority using the format: **Signature of signing Manager or designee for caseload number (e.g., "Jane Doe for #999"),** and may approve and sign any over-edit authorization or claim for his or her own region as a second signature.]*

RECORD OF SERVICES DOCUMENTATION REQUIREMENTS

600.16 RECORD OF SERVICES CONTENT REQUIREMENTS

Consistent with the requirements described in this chapter, the record of services for the individual must provide information, data, case notes, and other documentation adequate to assure that the Vocational Rehabilitation Counselor and program participant have satisfied the cost-effectiveness, efficiency, and accountability requirements of this chapter, and must specifically include:

- (1) information describing any financial participation obligation and payment made by the individual or the individual's family in accordance with the requirements of any of sections 600.03, 600.04, 600.06, 600.07, 600.08, 600.09, 600.12, 600.13, and 600.14 of this chapter and PPM chapter 610;
- (2) case notes describing how each vocational rehabilitation service provided or reimbursed with program funds is vocationally relevant and necessary for program participation and/or the individual's achievement of an employment outcome, consistent with section 600.04 of this chapter;
- (3) information sufficient to demonstrate that all services provided under a written trial work experiences plan, extended evaluation plan, or Individualized Plan for Employment (IPE) were provided consistent with the applicable plan, in accordance with section 600.05 of this chapter;
- (4) an indication that each expenditure of program funds was made with the prior knowledge, approval, and authorization of the assigned Vocational Rehabilitation Counselor or an alternate individual employed by the state

Vocational Rehabilitation Program authorized to sign in lieu of the assigned Counselor, in accordance with section 600.06;

(5) information sufficient to establish that available comparable services and benefits have been utilized, in accordance with section 600.07 of this chapter;

(6) information demonstrating that maximum efforts have been made to obtain all available student financial aid prior to the use of Vocational Rehabilitation Program funds to pay for any of the cost of attendance for postsecondary training provided in any institution of higher education, as described in section 600.08 of this chapter;

(7) all price quotes obtained, or justifications for their absence, consistent with section 600.09 of this chapter;

(8) any justification required to exceed any approved fee schedule rates, consistent with section 600.10 of this chapter;

(9) if applicable, an indication that the cost paid for goods and services was fixed by a purchase of service or other agreement, as required by section 600.11 of this chapter;

(10) as appropriate, a justification for using any out-of-state provider, per section 600.12;

(11) as appropriate, a justification for using any out-of-area provider, as described in section 600.13;

(12) documentation of the individual's financial participation, if required in accordance with the provisions of PPM chapter 610; and

(13) each written authorization and claim-voucher generated (together with copies of all billings, paid receipts, and other supporting documentation), consistent with the requirements of section 600.15 of this chapter.

600.17 INFORMATION TECHNOLOGY SYSTEM COMPLIANCE

All required information, data, and documents must be incorporated and maintained in the record of services for the individual in a manner consistent with Indiana Rehabilitation Information System (IRIS) requirements.

[AUTHORITY: Federal regulations 34 CFR §§361.5(b)(10); 361.12; 361.13(c); 361.45(a)(2); 361.46(a)(6)(ii); 361.48(f); 361.50; 361.53; 361.54.]

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